

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1205.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the yeas have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

EFFECTIVE SUICIDE SCREENING AND ASSESSMENT IN THE EMERGENCY DEPARTMENT ACT OF 2021

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1324) to amend the Public Health Service Act to establish a program to improve the identification, assessment, and treatment of patients in hospital emergency departments who are at risk of suicide, and for other purposes.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1324

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the “Effective Suicide Screening and Assessment in the Emergency Department Act of 2021”.

SEC. 2. PROGRAM TO IMPROVE THE CARE PROVIDED TO PATIENTS IN THE EMERGENCY DEPARTMENT WHO ARE AT RISK OF SUICIDE.

Part P of title III of the Public Health Service Act (42 U.S.C. 280g et seq.) is amended by adding at the end the following new section:

“SEC. 399V-7. PROGRAM TO IMPROVE THE CARE PROVIDED TO PATIENTS IN THE EMERGENCY DEPARTMENT WHO ARE AT RISK OF SUICIDE.

“(a) IN GENERAL.—The Secretary shall establish a program (in this Act referred to as the ‘Program’) to improve the identification, assessment, and treatment of patients in emergency departments who are at risk for suicide, including by—

“(1) developing policies and procedures for identifying and assessing individuals who are at risk of suicide; and

“(2) enhancing the coordination of care for such individuals after discharge.

“(b) GRANT ESTABLISHMENT AND PARTICIPATION.—

“(1) IN GENERAL.—In carrying out the Program, the Secretary shall award grants on a competitive basis to not more than 40 eligible health care sites described in paragraph (2).

“(2) ELIGIBILITY.—To be eligible for a grant under this section, a health care site shall—

“(A) submit an application to the Secretary at such time, in such manner, and containing such information as the Secretary may specify;

“(B) be a hospital (as defined in section 1861(e) of the Social Security Act);

“(C) have an emergency department; and

“(D) deploy onsite health care or social service professionals to help connect and integrate patients who are at risk of suicide with treatment and mental health support services.

“(3) PREFERENCE.—In awarding grants under this section, the Secretary may give preference to eligible health care sites described in paragraph (2) that meet at least one of the following criteria:

“(A) The eligible health care site is a critical access hospital (as defined in section 1861(mm)(1) of the Social Security Act).

“(B) The eligible health care site is a sole community hospital (as defined in section 1886(d)(5)(D)(iii) of the Social Security Act).

“(C) The eligible health care site is operated by the Indian Health Service, by an Indian Tribe or Tribal organization (as such terms are defined in section 4 of the Indian Self-Determination and Education Assistance Act), or by an urban Indian organization (as defined in section 4 of the Indian Health Care Improvement Act).

“(D) The eligible health care site is located in a geographic area with a suicide rate that is higher than the national rate, as determined by the Secretary based on the most recent data from the Centers for Disease Control and Prevention.

“(c) PERIOD OF GRANT.—A grant awarded to an eligible health care site under this section shall be for a period of at least 2 years.

“(d) GRANT USES.—

“(1) REQUIRED USES.—A grant awarded under this section to an eligible health care site shall be used for the following purposes:

“(A) To train emergency department health care professionals to identify, assess, and treat patients who are at risk of suicide.

“(B) To establish and implement policies and procedures for emergency departments to improve the identification, assessment, and treatment of individuals who are at risk of suicide.

“(C) To establish and implement policies and procedures with respect to care coordination, integrated care models, or referral to evidence-based treatment to be used upon the discharge from the emergency department of patients who are at risk of suicide.

“(2) ADDITIONAL PERMISSIBLE USES.—In addition to the required uses listed in paragraph (1), a grant awarded under this section to an eligible health care site may be used for any of the following purposes:

“(A) To hire emergency department psychiatrists, psychologists, nurse practitioners, counselors, therapists, or other licensed health care and behavioral health professionals specializing in the treatment of individuals at risk of suicide.

“(B) To develop and implement best practices for the follow-up care and long-term treatment of individuals who are at risk of suicide.

“(C) To increase the availability of, and access to, evidence-based treatment for individuals who are at risk of suicide, including through telehealth services and strategies to reduce the boarding of these patients in emergency departments.

“(D) To offer consultation with and referral to other supportive services that provide evidence-based treatment and recovery for individuals who are at risk of suicide.

“(e) REPORTING REQUIREMENTS.—

“(1) REPORTS BY GRANTEEES.—Each eligible health care site receiving a grant under this section shall submit to the Secretary an annual report for each year for which the grant is received on the progress of the program funded through the grant. Each such report shall include information on—

“(A) the number of individuals screened in the site’s emergency department for being at risk of suicide;

“(B) the number of individuals identified in the site’s emergency department as being—

“(i) survivors of an attempted suicide; or

“(ii) are at risk of suicide;

“(C) the number of individuals who are identified in the site’s emergency department as being at risk of suicide by a health care or behavioral health professional hired pursuant to subsection (d)(2)(A);

“(D) the number of individuals referred by the site’s emergency department to other treatment facilities, the types of such other facilities, and the number of such individuals admitted to such other facilities pursuant to such referrals;

“(E) the effectiveness of programs and activities funded through the grant in preventing suicides and suicide attempts; and

“(F) any other relevant additional data regarding the programs and activities funded through the grant.

“(2) REPORT BY SECRETARY.—Not later than one year after the end of fiscal year 2026, the Secretary shall submit to Congress a report that includes—

“(A) findings on the Program;

“(B) overall patient outcomes achieved through the Program;

“(C) an evaluation of the effectiveness of having a trained health care or behavioral health professional onsite to identify, assess, and treat patients who are at risk of suicide; and

“(D) a compilation of policies, procedures, and best practices established, developed, or implemented by grantees under this section.

“(f) AUTHORIZATION OF APPROPRIATIONS.—There is authorized to be appropriated to carry out this section \$20,000,000 for the period of fiscal years 2022 through 2026.”

The SPEAKER pro tempore. Pursuant to the rule, the gentleman from New Jersey (Mr. PALLONE) and the gentleman from Kentucky (Mr. GUTHRIE) each will control 20 minutes.

The Chair recognizes the gentleman from New Jersey.

GENERAL LEAVE

Mr. PALLONE. Madam Speaker, I ask unanimous consent that all Members have 5 legislative days in which to revise and extend their remarks and include extraneous material on H.R. 1324.

The SPEAKER pro tempore. Is there objection to the request of the gentleman from New Jersey?

There was no objection.

Mr. PALLONE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in support of H.R. 1324, the Effective Suicide Screening and Assessment in the Emergency Department Act.

The COVID-19 pandemic has caused tremendous suffering in our country over the past year and has negatively impacted the mental health of so many Americans. In fact, rates of mental health disorders, like depression and anxiety, that may lead to suicide have gone up almost fourfold.

According to the National Centers for Health Statistics, over 44,000 people died from suicide last year. However, these numbers may not fully reflect the deaths that occurred secondary to despair from the pandemic. Suicide is the second leading cause of death for people between the ages of 10 and 34, impacting children and people in the prime of their lives.

We also saw this during the pandemic with a spike in suicide deaths for first responders. For example, who can forget the story of Dr. Lorna Breen, an emergency room physician in New York, who dedicated herself to fighting the pandemic, but then tragically died from suicide after experiencing extreme burnout?

To counter these unnecessary deaths, we need to provide more resources to our providers on the front lines of emergency departments across the country. It is particularly important that we focus on those with limited resources, including Critical Access Hospitals, facilities serving Native Americans, and emergency departments in communities with high rates of suicide.

Resources for healthcare providers in the emergency department are important since they are often in the position of providing for patients at the highest risk for suicide with approximately 10 percent of emergency department patients presenting for treatment of suicidal ideations. Unfortunately, almost 40 percent of patients visiting an emergency department following a suicide attempt will go on to reattempt suicide within a year.

Madam Speaker, this bill will assist emergency departments by providing better training to emergency healthcare providers, establishing policies to improve identification and treatment of individuals at risk for suicide, employing additional behavioral health professionals, and improving access to care for patients.

I thank Representatives BILIRAKIS and SOTO and their staff for their tireless effort on this bill. Again, bipartisan.

Madam Speaker, suicide deaths are a preventable tragedy that negatively impact families and loved ones and rob us of young people in the prime of their lives. So whatever we can do to prevent this is going to be so important.

Madam Speaker, I urge my colleagues to support H.R. 1324, and I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield myself such time as I may consume.

Madam Speaker, I rise today in strong support of H.R. 1324, the Effective Suicide Screening and Assessment in the Emergency Department Act of 2021, introduced by Representatives BILIRAKIS, SOTO, and BURGESS.

This legislation will authorize the grant program to improve the identification, screening, assessment, and treatment of patients in emergency departments who are at risk for suicide.

Consideration of this bill could not come at a more pressing time. The COVID-19 pandemic and resulting economic downturn have impacted the mental health of many Americans. Due to the pandemic, tens of thousands of additional Americans have died from suicide or substance misuse.

Emergency departments are key locations to intervene and assist those who may be contemplating suicide.

Past research has identified one in every eight emergency department visits in the United States were related to a mental health or substance use disorder.

By creating grants for emergency departments to develop policies for screening those at risk of suicide, and enhancing their post-discharge care coordination, this bill will improve our frontline providers' ability to intervene when someone is in crisis, ultimately reducing deaths from despair during this difficult time.

Madam Speaker, I reserve the balance of my time.

Mr. PALLONE. Madam Speaker, I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I yield 4 minutes to the gentleman from Florida (Mr. BILIRAKIS), my friend.

Mr. BILIRAKIS. Madam Speaker, this is a real problem in this country. We have a mental health crisis, and, collectively, these bills address that. So I thank the chairman and the ranking member for bringing these bills to the floor. Let's get them through today, and then passed in the Senate and have the President sign because it will make a real difference in the lives of these people who are suffering with mental illness.

Madam Speaker, our Nation remains in the midst of a suicide crisis. Over the past several decades, the suicide rate has risen sharply, increasing by 31 percent since 2001, making suicide the 10th leading cause of death, and claiming an estimated 47,000 lives annually.

A 2016 study found that 11 percent of all emergency department patients exhibited suicidal ideation. However, only 3 percent of those patients were diagnosed by current screening tools. Furthermore, about 70 percent of patients who leave the emergency department after a suicide attempt never attend their first outpatient follow-up appointment. This is just reality, and we have got to do something about this.

The Effective Suicide Screening and Assessment in the Emergency Department Act creates a voluntary HHS grant program to assist emergency departments in developing protocols for identifying, assessing, and treating individuals at risk for suicide with preference given to either critical access hospitals or hospitals located in a geographic area with a suicide risk that is higher than the national average rate.

Grants last for 2 years and grantees must submit a report annually on their efforts to improve the identification, assessment, and discharge policies for individuals who are at risk for suicide. This proactive approach is vital because emergency departments often are the first—and, sadly, too often the only—point of contact within the healthcare system for those most at risk for suicide.

Madam Speaker, I appreciate, again, the bipartisan support of my colleague, and I worked on this with Congressman SOTO.

Madam Speaker, I urge my colleagues to pass H.R. 1324, the Effective Suicide Screening and Assessment in the Emergency Department Act, to further equip our health providers to recognize and assist these patients in crisis.

Mr. PALLONE. Madam Speaker, I reserve the balance of my time.

Mr. GUTHRIE. Madam Speaker, I am prepared to close, and I would just say that these series of bills is so important in dealing with the suicide and prevention, in preventing this tragic epidemic from becoming a pandemic as well.

Madam Speaker, I urge the support, and I yield back the balance of my time.

Mr. PALLONE. Madam Speaker, I also urge support for this bill. Again, this is dealing with trying to alert potential problems or potential for suicide in the emergency department, a very important part of this package.

Madam Speaker, I yield back the balance of my time.

The SPEAKER pro tempore. The question is on the motion offered by the gentleman from New Jersey (Mr. PALLONE) that the House suspend the rules and pass the bill, H.R. 1324.

The question was taken.

The SPEAKER pro tempore. In the opinion of the Chair, two-thirds being in the affirmative, the ayes have it.

Mr. ROY. Madam Speaker, on that I demand the yeas and nays.

The SPEAKER pro tempore. Pursuant to section 3(s) of House Resolution 8, the yeas and nays are ordered.

Pursuant to clause 8 of rule XX, further proceedings on this motion are postponed.

□ 1530

HELPING EMERGENCY RESPONDERS OVERCOME ACT

Mr. PALLONE. Madam Speaker, I move to suspend the rules and pass the bill (H.R. 1480) to require the Secretary of Health and Human Services to improve the detection, prevention, and treatment of mental health issues among public safety officers, and for other purposes, as amended.

The Clerk read the title of the bill.

The text of the bill is as follows:

H.R. 1480

Be it enacted by the Senate and House of Representatives of the United States of America in Congress assembled,

SECTION 1. SHORT TITLE.

This Act may be cited as the "Helping Emergency Responders Overcome Act" or the "HERO Act".

SEC. 2. DATA SYSTEM TO CAPTURE NATIONAL PUBLIC SAFETY OFFICER SUICIDE INCIDENCE.

The Public Health Service Act is amended by inserting before section 318 of such Act (42 U.S.C. 247c) the following:

"SEC. 317V. DATA SYSTEM TO CAPTURE NATIONAL PUBLIC SAFETY OFFICER SUICIDE INCIDENCE.

"(a) IN GENERAL.—The Secretary, in coordination with the Director of the Centers for Disease Control and Prevention and other